



**City of Rochester**  
**Building Safety Department**  
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## MANUFACTURED HOME PARK Permit Application

Office Use Only (3/05)

App. No.

Date	Manufactured Home Park			
Site Address	Number	Street	Lot No.	
Subdivision and/or Addition		Block	Lot	Plat
Applicant is: • Owner • Contractor/Installer • Other (describe)				
<b>Owner</b>	Name		Phone ( )	
	Last	First	MI	
	Address			
	City		State	Zip Code
<b>Contractor/ Installer</b>	Company		Phone ( )	
	Name		Roch. Contr. No.	
	Last	First	MI	
	Address		Installer Contr. No.	
	City		State	Zip Code
<b>Trade Contractors</b>	Electrical		Roch. Contr. No.	
	Mechanical		Roch. Contr. No.	
	Plumbing		Roch. Contr. No.	
<b>New Home Installation</b>				
Manufacturer			Mfr. Date	
Model		Size	Serial No.	
<b>Is this the first time a home is being installed on this lot?</b> • Yes • No				
The manufactured home shall be installed by an installer licensed by the State of Minnesota. The installation shall be in accordance with Minnesota Rules (M.R.) Chapter 1350 and the manufacturer's instructions. Additional permits are required for the water, sewer, gas piping and electrical connections.				
<b>Description of Other Work</b> (If not new home)				
Total valuation of work \$			(installation and hookup costs)	

*I hereby apply for a manufactured home park permit, and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans). I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.*

Applicant's Signature		Date
<b>MANUFACTURED HOME PARK REVIEW</b>		Lot No.
Comments:		
Approved by: (Owner or Manager)		Date:
<b>OLMSTED COUNTY PUBLIC HEALTH SERVICES REVIEW</b> (Include a site plan showing the proposed structure, with distances to buildings, lot lines and roadways.)		
Comments:		
Reviewed for consistency with Minnesota Law M.S.327: By:		
Date:		
DO NOT WRITE BELOW THIS LINE – Office Use Only		
<b>ZONING REVIEW COMMENTS</b>		
<ul style="list-style-type: none"><li>• Site Plan</li><li>• Surveyor's Certificate</li></ul>	Zoning District Flood District	Flood Protection Required Flood Protection Elev.
Comments:		
Final Zoning Review Required   • Yes   • No		
Zoning Approved by:		Date:
<b>GENERAL INFORMATION</b>		
R106 Manufactured Home		
Finish Floor Elev.		
Lowest Floor Elev.		
<ul style="list-style-type: none"><li>• Privately owned</li><li>• Publicly owned</li></ul>		
Comments:		
Permit Approved by:		Date: